FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

Food Establishment Permit Application
(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:					
2) Establishment Address:					
3) Establishment Mailing Address (if different):					
S) Establishment Telephone No:					
) Applicant Name & Title:					
6) Applicant Address:					
Applicant Telephone No: 24 Hour Emergency No:					
8) Owner Name & Title (if different from applicant):					
9) Owner Address (if different from applicant):					
10) Establishment Owned By: An association A corporation An individual A partnership Other legal entity	11) If a corporation or partnership, give name, title, and home address of officers or partner. Name Title Home Address				
12) Person Directly Responsible F	or Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)				
Name & Title:					
Address:					
Telephone No:	No: Fax:				
Emergency Telephone No:					
13) District Or Regional Superviso	r (if applicable)				
Name & Title:					
Address:					
Telephone No: Fax:					

Food Establishment Information

	4) Water Source: DEP Public Water Supply No: (if applicable)				Sewage disposal:
16) Days and Hours of Operation:				17)	No. of Food Employees:
	Name of Person In Charge	100	1	No. or rood Employees.	
	Required as of 10/1/2001in accord	dance with	1 105 CMR 590.003(A) Please attach copy of certificate.		
			cedures (if 25 seats or more): Yes	□ No	
0	(check one) Permanent Structure Mobile		22) Establishment Type(check all that apply) Retail (Sq. Ft) Food Service – (Seats) Food Service – Takeout Food Service – Institution (Meals/Day)		 Caterer Food Delivery Residential Kitchen for Retail Sale Residential Kitchen for Bed and Breakfa Home Residential Kitchen for Bed and Breakfa Establishments Frozen Dessert Manufacturer
	Length Of Permit: (check one) Annual Seasonal/Dates:	Other	(Describe)		Trozon Bosson Manadadara
0	Temporary/Dates/Time:				
	Food Operations:	nitions:	PHF - potentially hazardous food(time/te Non-PHFs - non- potentially hazardous f RTE - ready-to-eat foods (Ex. sandwiche	ood (n	
cne	Sale of Commercially Pre- Packaged Non-PHFs		PHF Cooked To Order	0	Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
2	Sale of Commercially Pre- Packaged PHFs	0	Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	0	PHF and RTE Foods Prepared For Highly Susceptible Population Facility
	Delivery of Packaged PHFs	0	Sale Of Raw Animal Foods Intended to be Prepared by Consumer.		Vacuum Packaging/Cook Chill
	Reheating of Commercially Processed Foods For Service Within 4 Hours.	0			Use Of Process Requiring A Variance And/O HACCP Plan (including bare hand contact alternative, time as a public health control)
	Customer Self-Service Of No PHF and Non-Perishable Foo Only.	_	Ice Manufactured and Packaged for Retail Sale		Offers Raw Or Undercooked Food Of Animal Origin.
	Preparation Of Non-PHFs	0	Juice Manufactured and Packaged for Retail Sale	0	Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):		0	Offers RTE PHF in Bulk Quantities		o be completed by the Board of Health
		0	Retail Sale of Salvage, Out-of Date or Reconditioned Food		otal Permit Fee:ayment is due with application
est of I	ablishment operation will co health on how to obtain cop	omply w ies of 10	cy of the information provided in this a th 105 CMR 590.000 and all other appl 5 CMR 590.000 and the federal Food C	icable ode.	e law. I have been instructed by the board
			, I certify under the penalties of per paid state taxes required under law		that I, to my best knowledge and belief
25)	Social Security Number	or Fed	eral ID:		

PLEASE RETURN WITH YOUR PAYMENT FOR FOOD ESTABLISHMENT/RETAIL ESTABLISHMENT LICENSE. THANK YOU.

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if Applicable)

- * This license will not be issued unless this certification clause is signed by the applicant.
- ** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

^{**}Social Security Number (Voluntary) or Federal Identification Number